

L11000092758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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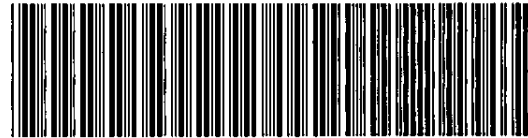
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

AUG 12 2011

EXAMINER

TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: HEALING PRACTICES FOR BODY, MIND & SPIRIT, LLC

Enclosed are an original and one(1) copy of the Articles of Organization and a check for \$125.00 to cover the filing fee and registered agent fee.

FROM: East Washington Accounting Services, Inc.
P. O. Box 1006
Pierson, FL 32180
(386) 749-9010

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
HEALING PRACTICES FOR BODY, MIND & SPIRIT, LLC**

ARTICLE I: NAME

The name of the Limited Liability Company is:

HEALING PRACTICES FOR BODY, MIND & SPIRIT, LLC

ARTICLE II: ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

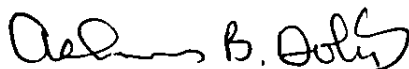
2089 S Ridgewood Avenue, South Daytona Beach, FL 32119

**ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT'S SIGNATURE:**

The name and the Florida street address of the registered agent are:

Adrienne B. Dolinky
2089 S. Ridgewood Avenue
South Daytona Beach, FL 32119

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

✓ 

ADRIENNE B. DOLINKY

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TALLAHASSEE, FLORIDA

ARTICLE IV: MANAGING MEMBER

The names and addresses of the Managing Members are as follows:

Managing Member	Adrienne B. Dolinky 2089 S. Ridgewood Avenue South Daytona Beach, FL 32119
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Managing Member	Marifrances Gullo 4637 Golden Apples Trail Port Orange, FL 32129
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REQUIRED SIGNATURE:

✓ Adrienne B. Dolinky
ADRIENNE B. DOLINKY

✓ 8-8-11
DATE

(In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Adrienne B. Dolinky
Name of signee

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